

# NEW JERSEY HIV/AIDS SURVEILLANCE REPORT

*JUNE 30, 2002*

## Highlights



New Jersey ranks 9th among states in total population, but remains 5th in the total number of AIDS cases reported. (page 4)



In the past 20 years, nearly 60,000 New Jerseyans have been reported with HIV/AIDS, and just under half are known to have died. (page 9)



AIDS cases among racial and ethnic minorities remain disproportionate as compared with the population. This is especially true in the African American community which accounts for 13% of the State's population but over half of adults/adolescents diagnosed with AIDS and living with HIV/AIDS. (pages 8, 10).



Among states, New Jersey has had the highest estimated proportion of women living with AIDS by the end of 1999. Females currently account for 28% of AIDS diagnoses and 36% of persons living with HIV/AIDS. (pages 4, 10)

## See Features Inside

**What is Surveillance?** Contains a brief description of what we do, how and where we collect the HIV/AIDS data that appears in these reports. (pages 2-3)

**A New Map.** Features a complete reporting of HIV/AIDS cases among adults and adolescents perinatal HIV infection and perinatal exposure by county. (pages 6-7)

**We would like your opinion** (page 12)



**James E. McGreevey**  
Governor

**Division of AIDS Prevention and Control**



**Clifton R. Lacy, M.D.,**  
Commissioner



The New Jersey HIV/AIDS Surveillance Unit consists of the following activities:

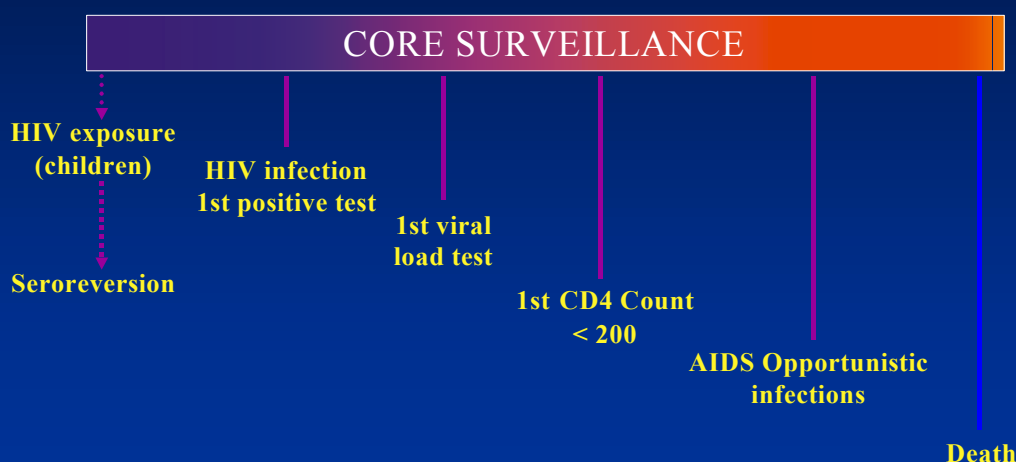
- HIV/AIDS case reports are completed by State personnel visiting hospitals, clinics and private physician offices.
- Laboratory reports of low CD4 count and/or percent are used to update HIV case reports in the HIV/AIDS Reporting System (HARS).
- Laboratory reports of unreported cases identify health care providers, and result in contact by staff to initiate case reporting.
- HARS is matched with other administrative databases including the AIDS Drug Distribution Programs (ADDP), laboratory data, death and birth files, and Hospital Discharge Data (UB) for case finding and updates.
- A computerized database from the Early Intervention Program (EIP) clinics is used to generate case reports.
- Cooperative efforts with other Department of Health and Senior Services (DHSS) programs, such as TB Services, yield suspect cases for field investigations.
- Special projects, such as mode of transmission investigations, death certificate review, birth certificate file matching, and hospital discharge record follow-up obtain more detailed information and identify possible unreported persons.
- An active follow-up system for all perinatally exposed children is designed to determine infection status, and collect information on both prenatal and pediatric care, including antiretroviral use and prophylaxis for opportunistic infections.
- A Supplemental HIV/AIDS Surveillance (SHAS) project, currently being conducted in Jersey City and Paterson, collects detailed demographic, behavioral, and resource needs information on persons living with HIV/AIDS.
- The HARS is continually evaluated with respect to accuracy, completeness and timeliness of reports, risk information, and validity and reliability of collected data.
- HIV/AIDS surveillance is augmented by a number of other studies and surveys: HIV Testing Survey (HITS) that assesses the reasons why individuals accept or avoid HIV testing; Serologic Testing Algorithm for Recent Seroconversion (STARHS/HARS) study which uses laboratory data to identify new HIV reports and assesses new HIV incidence; Survey of HIV Disease and Care (SHDC, SHDC+) that assesses the appropriateness of care, and a future survey that examines behavioral risk factors of high-risk individuals.

### Case Finding

All surveillance efforts, both core and special projects are integrated into a coordinated surveillance program. Information gathered is always used to update registry information so that data integrity can be maintained at the highest possible level. Scarce resources are moved into areas with the best return. For example, field staff shortages mean concentrating on visits to urban hospitals with larger caseloads. Not only are inpatient

records examined, but lab reports are used to locate persons who may be treated in various clinics associated with the hospital. Training and assistance in reporting is made available to providers and provider staff. Telephone follow-up is made by office staff for missing information when possible. When current status follow-up (for mortality) was reduced from every three months to every six months and then dropped completely because of the number of follow-ups needed, a match of the New Jersey Vital Statistics death files to the HARS was instituted monthly to ascertain mortality data. Matching HARS with other public health data results in finding new HIV/AIDS cases that were not previously reported.

## Reporting the Spectrum of HIV/AIDS Morbidity and Mortality



Information for HIV/AIDS reports at active reporting sites is obtained from any one, or a combination, of the following sources: the health care facility's designated HIV/AIDS reporter; the patient's attending physician; the medical examiner's office; and/or data abstraction of hospital or clinic records after proper authorization has been received. Active reporting for HIV/AIDS is maintained at forty general hospitals and other health care facilities/providers. This includes sites where staff do the actual HIV/AIDS reporting and updating of information on HIV/AIDS previously reported. When new information is obtained regarding an existing HIV/AIDS case, it is entered on a short update form (OI, lab, risk, vital status, etc.) and forwarded to the data entry staff. This system leaves an "audit trail" documenting any updated information in the database and allows reconciliation between paper and electronic copies. The update form can also be utilized by office or supervisory staff when requesting clarification or documentation of information submitted by a field representative.

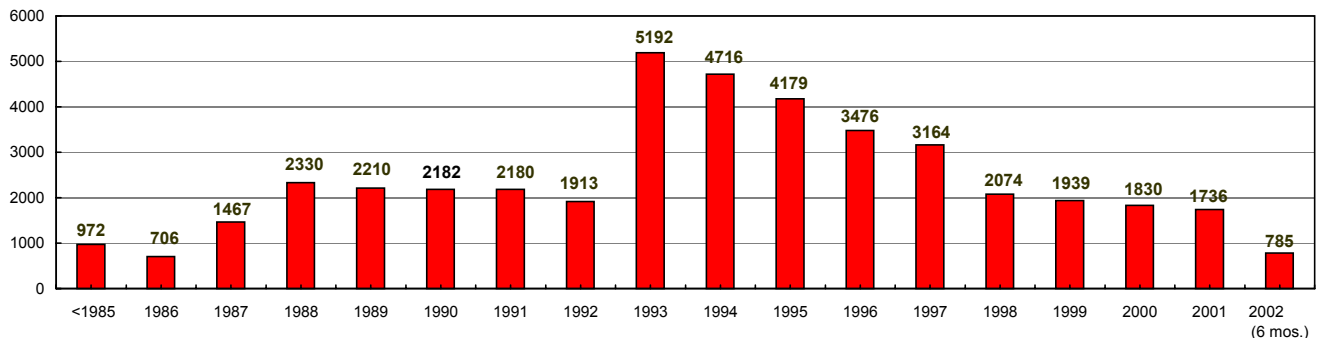
**Table 1. New Jersey Adult/Adolescent AIDS Cases Reported July 2001-June 2002  
and Cumulative Totals as of June 30, 2002  
Age at Diagnosis, by Gender**

Age Group	MALE				FEMALE				TOTAL				Females as Percent of Cumulative Age Group Totals
	July 2001- June 2002		Cumulative Total		July 2001- June 2002		Cumulative Total		July 2001- June 2002		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
13-19	7	1%	120	0%	6	1%	81	1%	13	1%	201	0%	40%
20-29	80	8%	3,813	12%	61	12%	2,183	18%	141	9%	5,996	14%	36%
30-39	325	32%	13,859	45%	216	41%	5,909	49%	541	35%	19,768	46%	30%
40-49	404	40%	9,464	31%	166	31%	2,949	24%	570	37%	12,413	29%	24%
Over 49	195	19%	3,631	12%	81	15%	1,042	9%	276	18%	4,673	11%	22%
Total	1,011	100%	30,887	100%	530	100%	12,164	100%	1,541	100%	43,051	100%	28%

**Table 2. AIDS Cases by State of Residence  
Reported to CDC as of June 30, 2002**

STATE OF RESIDENCE	CUMULATIVE TOTAL SINCE 1981					
	Adult/Adolescent		Children		Total	
	No.	(%)	No.	(%)	No.	(%)
New York	149,555	18%	2,292	25%	151,847	18%
California	125,199	15%	627	7%	125,826	15%
Florida	86,320	10%	1,483	16%	87,803	10%
Texas	57,645	7%	388	4%	58,033	7%
<b>New Jersey</b>	<b>43,853</b>	<b>5%</b>	<b>760</b>	<b>8%</b>	<b>44,613</b>	<b>5%</b>
Pennsylvania	27,013	3%	339	4%	27,352	3%
Illinois	27,009	3%	274	3%	27,283	3%
Puerto Rico	26,312	3%	390	4%	26,702	3%
Georgia	25,203	3%	213	2%	25,416	3%
Maryland	24,189	3%	311	3%	24,500	3%
Remainder of US	234,910	28%	2,102	23%	237,012	28%
<b>Total</b>	<b>827,208</b>	<b>100%</b>	<b>9,179</b>	<b>100%</b>	<b>836,387</b>	<b>100%</b>

**Figure 1. New Jersey Adult/Adolescent AIDS Cases as of June 30, 2002  
by Year Reported as AIDS**



**Table 3. New Jersey AIDS Cases with Pediatric (1) Risk**  
Data as of June 30, 2002

Risk (2)	White	Black	Hispanic	Other/Not Reported	Total
Mother With/At Risk of AIDS (3)	109	495	140	2	746
Hemophilia/Coagulation Disorder	10	7	5	0	22
Transfusion/Blood Components	9	3	3	0	15
Risk Not Reported/Other Risk	2	9	1	0	12
<b>Total</b>	<b>130</b>	<b>514</b>	<b>149</b>	<b>2</b>	<b>795</b>

(1) Includes all patients under 13 years of age at time of HIV infection.

(2) Cases with more than one risk, other than the combinations listed in the tables, are tabulated only in the risk group listed first.

(3) Epidemiologic data suggest transmission from an infected mother to her fetus or infant during the perinatal period.

**Table 4. New Jersey HIV Pediatric Exposures (1) by Current Status**  
**and Year of Birth for Children Born 1993-2002**  
Data as of June 30, 2002

Birth Year	Infected (2)		Indeterminate (3)		Seroreverter (4)		Total Reported
	No.	(%)	No.	(%)	No.	(%)	No.
1993	72	21%	71	21%	194	58%	337
1994	54	17%	102	32%	159	50%	315
1995	50	16%	79	25%	185	59%	314
1996	36	12%	89	29%	179	59%	304
1997	31	11%	92	32%	161	57%	284
1998	21	6%	97	32%	187	61%	305
1999	11	5%	81	33%	151	62%	243
2000	12	4%	84	32%	163	63%	259
2001	4	2%	104	53%	88	45%	196
2002	0	0%	59	100%	0	0%	59

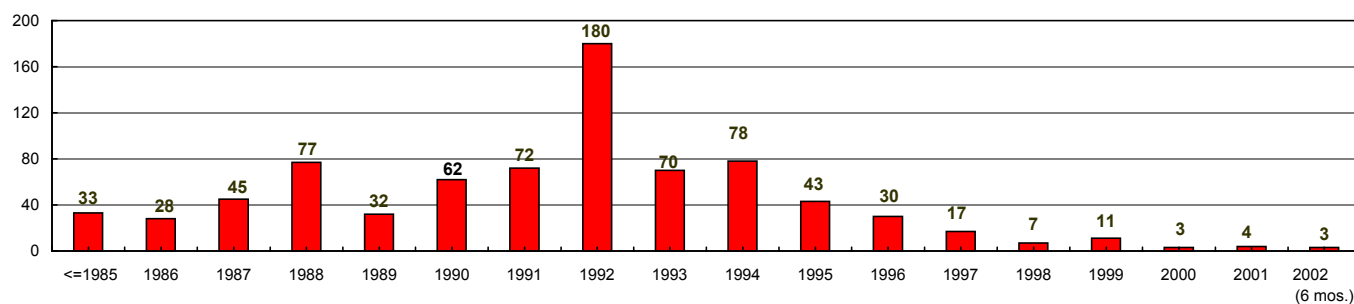
(1) Exposure - Child was exposed to HIV during pregnancy/delivery.

(2) Infected - Child is infected with HIV/AIDS.

(3) Indeterminate - Child was exposed but actual status of infection is unknown.

(4) Seroreverter - Child was perinatally exposed and proven to be uninfected.

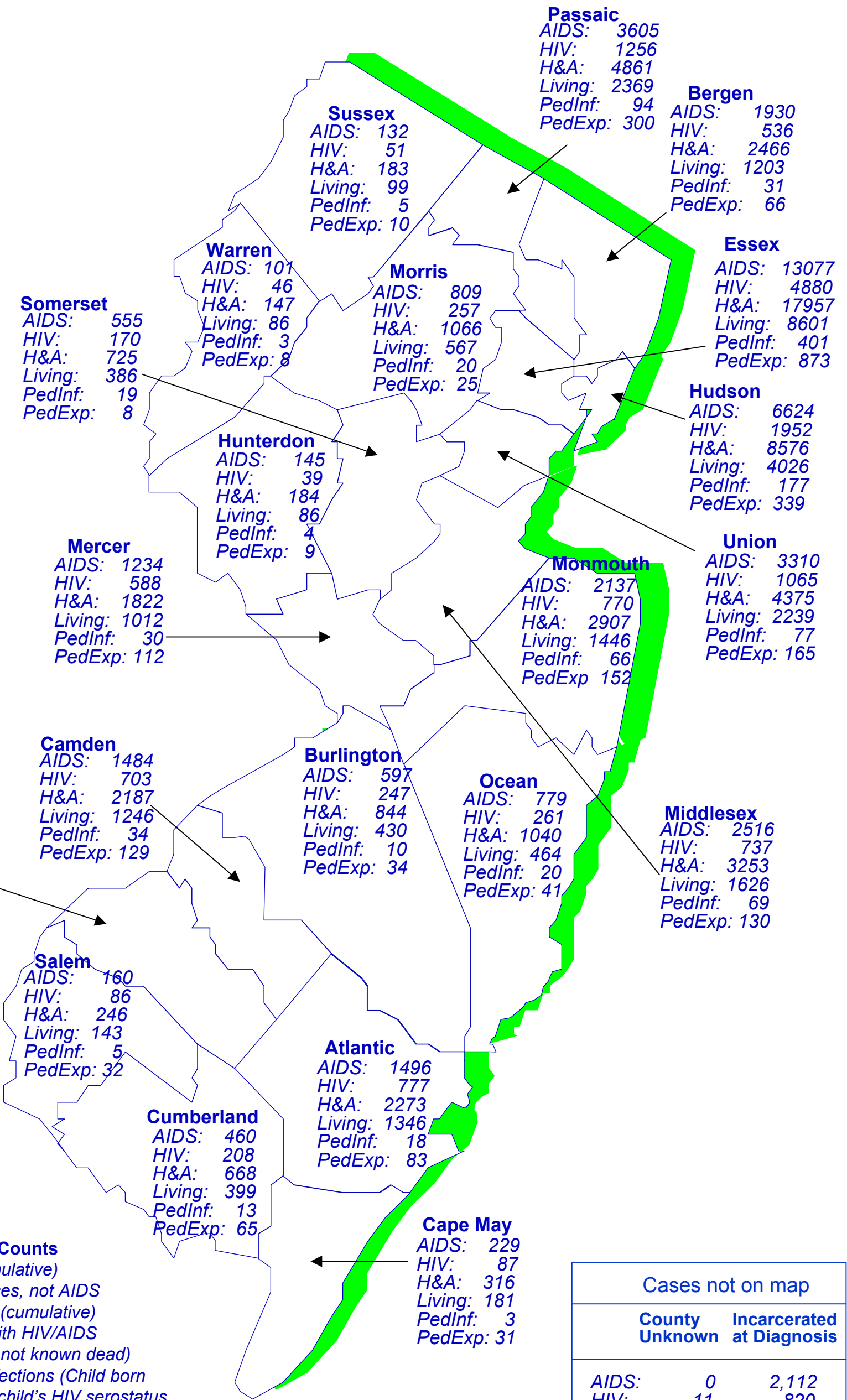
**Figure 2. New Jersey Pediatric AIDS Cases as of June 30, 2002**  
by Year of Initial HIV/AIDS Report



# HIV/AIDS CASES AND PERINATAL HIV EXPOSURE

## CASES REPORTED AS OF JUNE 30, 2002

Statewide Summary Case Counts	
AIDS:	43,795
HIV:	15,669
H&A:	59,464
Living:	29,767
PedInf:	1,115
PedExp:	2,647



**Legend for Summary Case Counts**  
AIDS = AIDS cases (cumulative)  
HIV = HIV Positive Cases, not AIDS  
HIV/AIDS = HIV/AIDS Cases (cumulative)  
Living = Persons Living with HIV/AIDS (HIV/AIDS cases not known dead)  
PedInf = Perinatal HIV Infections (Child born to HIV+ mother, child's HIV serostatus is confirmed HIV Positive; included in HIV/AIDS case counts)  
PedExp = Perinatal HIV Exposures (Child born to HIV+ mother, child's HIV serostatus is negative or indeterminate; NOT included in HIV/AIDS case counts)

Cases not on map		
	County Unknown	Incarcerated at Diagnosis
AIDS:	0	2,112
HIV:	11	820
H&A:	11	2,932
Living:	11	1,572
PedInf:	0	0
PedExp:	2	0

**Table 5. New Jersey Adult/Adolescent AIDS Cases Reported July 2001 - June 2002**  
**Racial/Ethnic Group by Gender, and Cumulative Totals**  
**Data as of June 30, 2002**

Adults/ Adolescents (1)	MALE				FEMALE				TOTAL				Females as % of Cumulative Racial/Ethnic Group Totals
	July 2001- June 2002		Cumulative Total		July 2001- June 2002		Cumulative Total		July 2001- June 2002		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
White	220	22%	9,199	30%	72	14%	2,303	19%	292	19%	11,502	27%	20%
Black	580	57%	16,121	52%	358	68%	8,055	66%	938	61%	24,176	56%	33%
Hispanic	201	20%	5,380	17%	97	18%	1,745	14%	298	19%	7,125	17%	24%
Asian/Pac. Isl.	7	1%	121	0%	2	0%	45	0%	9	1%	166	0%	27%
Other/Unknown	3	0%	66	0%	1	0%	16	0%	4	0%	82	0%	20%
Subtotal	1,011	100%	30,887	100%	530	100%	12,164	100%	1,541	100%	43,051	100%	28%
Known Dead	103	10%	20,254	66%	39	7%	7,125	59%	142	9%	27,379	64%	26%

(1) Includes all patients 13 years of age or older at time of diagnosis.

**Table 6. New Jersey AIDS Cases with Adult/Adolescent Modes of Transmission (1)**  
**Reported July 2001-June 2002, and Cumulative Totals as of June 30, 2002**  
**Mode of Transmission by Gender**

Mode of Transmission (2)	MALE				FEMALE				TOTAL				Females as Percent of Cumulative Transmission Mode Totals
	July 2001- June 2002		Cumulative Total		July 2001- June 2002		Cumulative Total		July 2001- June 2002		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
MSM (3)	256	25%	8,657	28%	0	0%	0	0%	256	17%	8,657	20%	0%
IDU (3)	308	31%	14,146	46%	152	29%	5,697	47%	460	30%	19,843	46%	29%
MSM/IDU	28	3%	1,616	5%	0	0%	0	0%	28	2%	1,616	4%	0%
Hemophilia	2	0%	176	1%	1	0%	3	0%	3	0%	179	0%	2%
Heterosexual	152	15%	2,121	7%	207	39%	4,143	34%	359	23%	6,264	15%	66%
Transfusion	5	0%	249	1%	13	2%	271	2%	18	1%	520	1%	52%
Other/Unknown	258	26%	3,894	13%	154	29%	2,039	17%	412	27%	5,933	14%	34%
Total	1,009	100%	30,859	100%	527	100%	12,153	100%	1,536	100%	43,012	100%	28%

(1) Includes all patients reported to have been 13 years of age or older at time of HIV infection. Does not include patients diagnosed as adults/adolescents who are reported to have been infected as children (with pediatric modes of transmission).

(2) Cases with more than one risk factor, other than the combinations listed in the tables, are tabulated only in the group listed first.

(3) MSM = Male sex with male. IDU = Injection drug use.

**Table 7. New Jersey AIDS Cases with Adult/Adolescent Modes of Transmission (1)**  
**Mode of Transmission by Gender and Racial/Ethnic Group (2),**  
**Cumulative Data as of June 30, 2002**

Mode of Transmission (3)	MALE						FEMALE					
	White		Black		Hispanic		White		Black		Hispanic	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
MSM	4,328	47%	2,844	18%	1,424	26%	0	0%	0	0%	0	0%
IDU	2,939	32%	8,738	54%	2,437	45%	1,132	49%	3,925	49%	624	36%
MSM/IDU	485	5%	858	5%	267	5%	0	0%	0	0%	0	0%
Hemophilia	122	1%	29	0%	21	0%	2	0%	0	0%	1	0%
Heterosexual	345	4%	1,325	8%	429	8%	711	31%	2,622	33%	790	45%
Transfusion	146	2%	70	0%	27	1%	96	4%	134	2%	35	2%
Other/Unknown	826	9%	2,241	14%	771	14%	361	16%	1,367	17%	292	17%
Total	9,191	100%	16,105	100%	5,376	100%	2,302	100%	8,048	100%	1,742	100%

(1) Includes all patients reported to have been 13 years of age or older at time of HIV infection. Does not include patients diagnosed as adults/adolescents who are reported to have been infected as children (with pediatric modes of transmission).

(2) Includes patients in the 3 racial/ethnic groups of White not Hispanic, Black not Hispanic and Hispanic. Does not include patients in other and unknown racial/ethnic groups.

(3) Cases with more than one risk factor, other than the combinations listed in the tables, are tabulated only in the groups listed first.

**Table 8. Persons Affected by HIV:  
Persons Living with HIV Infection (not AIDS) and with AIDS, and Perinatal HIV Exposures,  
by New Jersey County  
Cumulative Data as of June 30, 2002**

	Living with HIV Infection (not AIDS)		Living with AIDS		Subtotal: Persons Living with HIV/AIDS		Living with Perinatal HIV Exposure (not confirmed HIV+)		Total Persons Affected by HIV	
County of Residence	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Atlantic	690	5%	658	4%	1,348	5%	83	3%	1,431	4%
Bergen	487	4%	716	4%	1,203	4%	64	2%	1,267	4%
Burlington	220	2%	210	1%	430	1%	33	1%	463	1%
Camden	640	5%	606	4%	1,246	4%	127	5%	1,373	4%
Cape May	75	1%	106	1%	181	1%	30	1%	211	1%
Cumberland	188	1%	211	1%	399	1%	65	3%	464	1%
Essex	4,188	30%	4,413	28%	8,601	29%	845	33%	9,446	29%
Gloucester	113	1%	114	1%	227	1%	13	1%	240	1%
Hudson	1,718	12%	2,308	14%	4,026	14%	334	13%	4,360	13%
Hunterdon	34	0%	52	0%	86	0%	9	0%	95	0%
Mercer	515	4%	497	3%	1,012	3%	109	4%	1,121	3%
Middlesex	678	5%	948	6%	1,626	5%	125	5%	1,751	5%
Monmouth	662	5%	784	5%	1,446	5%	152	6%	1,598	5%
Morris	239	2%	328	2%	567	2%	25	1%	592	2%
Ocean	218	2%	246	2%	464	2%	41	2%	505	2%
Passaic	1,124	8%	1,245	8%	2,369	8%	294	11%	2,663	8%
Salem	77	1%	66	0%	143	0%	32	1%	175	1%
Somerset	153	1%	233	1%	386	1%	28	1%	414	1%
Sussex	50	0%	49	0%	99	0%	10	0%	109	0%
Union	957	7%	1,282	8%	2,239	8%	161	6%	2,400	7%
Warren	44	0%	42	0%	86	0%	8	0%	94	0%
Incarcerated	755	5%	817	5%	1,572	5%	0	0%	1,572	5%
Unknown County	11	0%	0	0%	11	0%	2	0%	13	0%
Total	13,836	100%	15,931	100%	29,767	100%	2,590	100%	32,357	100%



**New Jersey Residents Living with HIV/AIDS**  
**Data as of June 30, 2002**

**Table 9. Racial/Ethnic Group by Sex and Current Age Category**

Race/Ethnicity	Adults/Adolescents (1)						Females as % of row total	Children (2)						Females as % of row total
	Male		Female		Total			Male		Female		Total		
	No.	(%)	No.	(%)	No.	(%)		No.	(%)	No.	(%)	No.	(%)	
White	4,682	25%	1,816	17%	6498	22%	28%	25	12%	25	11%	50	11%	50%
Black	9,705	51%	6,645	64%	16350	56%	41%	156	73%	172	74%	328	73%	52%
Hispanic	4,174	22%	1,834	18%	6008	20%	31%	34	16%	35	15%	69	15%	51%
Other/Unknown	317	2%	147	1%	464	2%	32%	0	0%	0	0%	0	0%	-
Total	18,878	100%	10,442	100%	29,320	100%	36%	215	100%	232	100%	447	100%	52%

**Table 10. Persons Living with HIV/AIDS: Distribution of Mode of Transmission**

Mode of Transmission (3)	Male		Female		Total		Females as % of Transmission Mode Total
	No.	(%)	No.	(%)	No.	(%)	
MSM	5,086	27%	0	0%	5,086	17%	0%
IDU	6,577	34%	3,533	33%	10,110	34%	35%
MSM/IDU	825	4%	0	0%	825	3%	0%
Heterosexual	1,927	10%	3,884	36%	5,811	20%	67%
Adult Other/Unknown	4,348	23%	2,917	27%	7,265	24%	40%
Pediatric Modes	330	2%	340	3%	670	2%	51%
<b>Total</b>	<b>19,093</b>	<b>100%</b>	<b>10,674</b>	<b>100%</b>	<b>29,767</b>	<b>100%</b>	<b>36%</b>

**Table 11. Current Age of Adult/Adolescent Persons Living with HIV/AIDS as of June 2002**

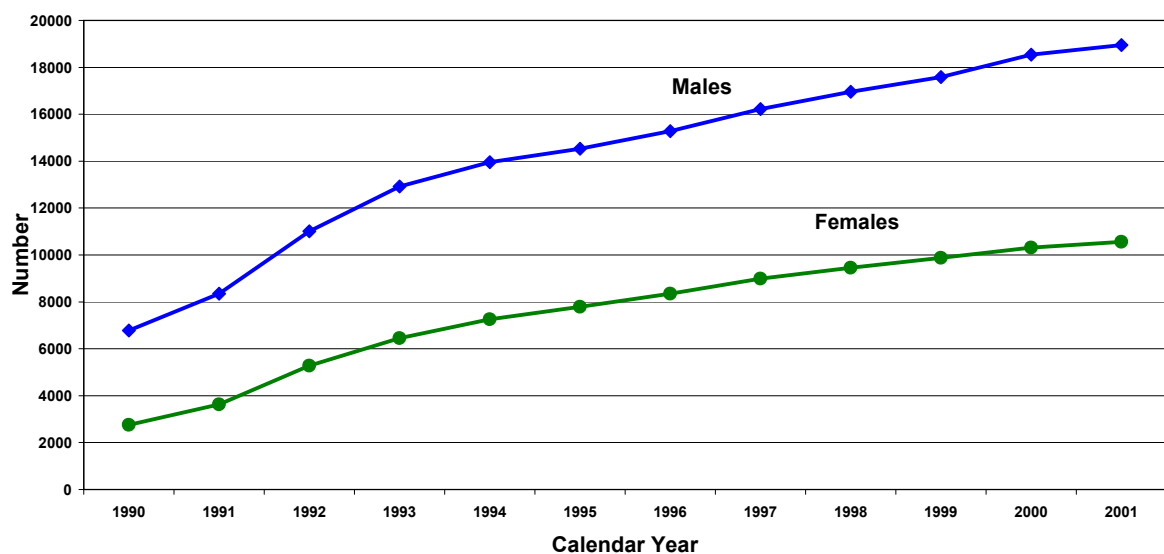
Age Group	Male		Female		Total	
	No.	(%)	No.	(%)	No.	(%)
13-19	124	1%	123	1%	247	1%
20-29	794	4%	832	8%	1,626	6%
30-39	5,283	28%	3,689	35%	8,972	31%
40-49	8,286	44%	4,174	40%	12,460	42%
50-59	3,561	19%	1,274	12%	4,835	16%
Over 60	830	4%	350	3%	1,180	4%
<b>Total</b>	<b>18,878</b>	<b>100%</b>	<b>10,442</b>	<b>100%</b>	<b>29,320</b>	<b>100%</b>

(1) Includes all HIV/AIDS patients currently 13 years of age or older as of June 30, 2002.

(2) Includes all living patients currently under 13 years of age who are confirmed HIV Positive. NOT Included here are those Perinatal HIV Exposure cases that are not confirmed HIV+ (children who initially test positive for presence of anti-HIV antibodies but may subsequently serorevert).

(3) Cases with more than one risk factor, other than the combinations listed in the tables, are tabulated only in the group listed first.

**Estimated Persons Living with HIV/AIDS at the end of each Calendar Year:  
New Jersey, 1990-2001**



### **Division of AIDS Prevention and Control**

**Office of the Assistant Commissioner**
**(609) 984-5874**

Medical Director  
Special Projects and Initiatives  
Policy and Planning

**Administrative Support Services Unit**
**(609) 984-5888**
**Care and Treatment Services Unit**
**(609) 984-6328**

AIDS Drug Distribution Program  
Health Insurance Continuation Program  
Housing Opportunities for Persons with AIDS  
HIV Counseling and Testing Program

HIV Home Health Care Program  
HIV Care Consortia  
Corrections Initiative  
HIV Early Intervention Programs

**Prevention and Education Services Unit**
**(609) 984-6050**

HIV Prevention Community Planning Group  
Community-based HIV Prevention Projects  
Printed Material distribution

HIV-related Training  
NJ AIDS/STD Hotline

**Epidemiologic Services Unit**
**(609) 984-5940**

Case Reporting Forms  
Notification Assistance Program

HIV/AIDS Statistics



The Epidemiologic Services Unit offers a free training seminar covering the important aspects of reporting HIV infection and AIDS. For more information, or to register, contact Cindy Mimmo at (609) 984-6050.

Visit the New Jersey Department of Health and Senior Services website: [www.state.nj.us/health](http://www.state.nj.us/health)

To be added to our mailing list or to request other information, contact us by phone or by e-mail.

Phone **(609) 984-5940**

e-mail [aids.doh.state.nj.us](mailto:aids.doh.state.nj.us)

**Questions?** Contact New Jersey HIV/AIDS Hotline 1-800-624-2377

**The Surveillance Report staff would like to acknowledge the efforts of all those throughout the State who collect and report HIV/AIDS cases.**

### **What is your Opinion? We would like to know**

Recently we have made changes to the content and appearance of our Surveillance Report.

First of all, we now use a title, the **New Jersey HIV/AIDS Surveillance Report**. We have added more text, more pictures and diagrams and have increased the length of the report.

What do you think about these changes? Please let us know. We would also like it if you would tell us what issues or topics you would like us to address in future editions of the Surveillance Report.

Please contact us via e-mail with any comments and suggestions. [aid.s.doh.state.nj.us](mailto:aid.s.doh.state.nj.us)